

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-470)**

SERIAL NO.

APPLICATION

FILING DATE

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	NO.	OFF.	NO.	OFF.	NO.	OFF.
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TOTAL	4					
TOTAL	40					
TOTAL	10					

	NO.	OFF.	NO.	OFF.	NO.	OFF.
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